

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		①		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		2		1		
17		①		1		
18	1		1			
19	1		1			
20		2		1		
21		2		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		1		
27		②		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32	1		1	1		
33	1		1	1		
34	1		1	1		
35	1		1	1		
36	1		1	1		
37	1		1	1		
38	1		1	1		
39		1		1		
40		1		1		
41		3		1		
42		3		1		
43		①		1		
44		①		1		
45		①		1		
46						
47						
48						
49						
50						
TOTAL IND.			11			
TOTAL DEP.			33			
TOTAL CLAIMS			44			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS